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ABSTRACT

Clinical supervision is the construction of individualized learning plans for supervisees working with clients. The systematic manner in which supervision is applied is called a "model." Three types of models are discussed in this digest; they are: developmental models; integrated models (discriminant model); and orientation-specific models. The summary considers common ground shared by the major models of supervision. Contains 8 references. (NB)

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ERIC CLEARINGHOUSE ON Counseling And Student Services

ERIC DIGEST

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Models of Clinical Supervision

George R. Leddick

Overview

Clinical supervision is the construction of individualized learning plans for supervisees working with clients. The systematic manner in which supervision is applied is called a "model." Both the Standards for Supervision (1990) and the Curriculum Guide for Counseling Supervision (Borders et al., 1991) identify knowledge of models as fundamental to ethical practice.

Supervision routines, beliefs, and practices began emerging as soon as therapists wished to train others (Leddick & Bernard, 1980). The focus of early training, however, was on the efficacy of the particular theory (e.g. behavioral, psychodynamic, or client-centered therapy). Supervision norms were typically conveyed indirectly during the rituals of an apprenticeship. As supervision became more purposeful, three types of models emerged. These were: (1) developmental models, (2) integrated models, and (3) orientation-specific models.

Developmental Models

Underlying developmental models of supervision is the notion that we each are continuously growing, in fits and starts, in growth spurts and patterns. In combining our experience and hereditary predispositions we develop strengths and growth areas. The object is to maximize and identify growth needed for the future. Thus, it is typical to be continuously identifying new areas of growth in a life-long learning process. Worthington (1987) reviewed developmental supervision models and noted patterns. Studies revealed the behavior of supervisors changed as supervisees gained experience, and the supervisory relationship also changed. There appeared to be a scientific basis for developmental trends and patterns in supervision.

Stoltenberg and Delworth (1987) described a developmental model with three levels of supervisees: beginning, intermediate, and advanced. Within each level the authors noted a trend to begin in a rigid, shallow, imitative way and move toward more competence, self-assurance, and self-reliance for each level. Particular attention is paid to (1) self-and-other awareness, (2) motivation, and (3) autonomy. For example, typical development in beginning supervisees would find them relatively dependent on the supervisor to diagnose clients and establish plans for therapy. Intermediate supervisees would depend on supervisors for an understanding of difficult clients, but would chafe at suggestions about others. Resistance, avoidance, or conflict is typical of this stage, because supervisee self-concept is easily threatened. Advanced supervisees function independently, seek consultation when appropriate, and feel responsible for their correct and incorrect decisions.

Once you understand that these levels each include three processes (awareness, motivation, autonomy), Stoltenberg and Delworth (1987) then highlight content of eight growth areas for each supervisee. The eight areas are: intervention, skills competence, assessment techniques, interpersonal assessment, client conceptualization, individual differences, theoretical orientation, treatment goals and plans, and professional ethics. Helping supervisees identify their own strengths and growth areas enables them to be responsible for their life-long development as both therapists and supervisors.

Integrated Models

Because many therapists view themselves as "eclectic," integrating several theories into a consistent practice, some models of supervision were designed to be employed with multiple therapeutic orientations. Bernard's (Bernard & Goodyear, 1992) Discrimination Model purports to be "a-theoretical." It combines an attention to three supervisory roles with three areas of focus. Supervisors might take on a role of "teacher" when they directly lecture, instruct, and inform the supervisee. Supervisors may act as counselors when they assist supervisees in noticing their own "blind spots" or the manner in which they are unconsciously "hooked" by a client's issue. When supervisors relate as colleagues during co-therapy they might act in a "consultant" role. Each of the three roles is task-specific for the purpose of identifying issues in supervision. Supervisors must be sensitive toward an unethical reliance on dual relationships. For example, the purpose of adopting a "counselor" role in supervision is the identification of unresolved issues clouding a therapeutic relationship. If these issues require ongoing counseling, supervisees should pursue that work with their own therapists.

The Discrimination Model also highlights three areas of focus for skill building: process, conceptualization, and personalization. "Process" issues examine how communication is conveyed. For example, is the supervisee reflecting the client's emotion, did the supervisee reframe the situation, could the use of paradox help the client be less resistant? Conceptualization issues include how well supervisees can explain their application of a specific theory to a particular case — how well they see the big picture — as well as what reasons supervisees

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may have for what to do next. Personalization issues pertain to counselors' use of their persons in therapy, in order that all involved are nondefensively present in the relationship. For example, my usual body language might be intimidating to some clients, or you might not notice your client is physically attracted to you.

The Discrimination Model is primarily a training model. It assumes each of us now have habits of attending to some roles and issues mentioned above. When you identify your customary practice, you can then remind yourself of the other two categories. In this way, you choose interventions geared to the needs of the supervisee instead of your own preferences and learning style.

Orientation-Specific Models

Counselors who adopt a particular brand of therapy (e.g. Adlerian, solution-focused, behavioral, etc.) oftentimes believe that the best "supervision" is analysis of practice for true adherence to the therapy. The situation is analogous to the sports enthusiast who believes the best future coach would be a person who excelled in the same sport at the high school, college, and professional levels. Ekstein and Wallerstein (cited in Leddick & Bernard, 1980) described psychoanalytic supervision as occurring in stages. During the opening stages the supervisee and supervisor eye each other for signs of expertise and weakness. This leads to each person attributing a degree of influence or authority to the other. The mid-stage is characterized by conflict, defensiveness, avoiding, or attacking. Resolution leads to a "working" stage for supervision. The last stage is characterized by a more silent supervisor encouraging supervisees in their tendency toward independence.

Behavioral supervision views client problems as learning problems; therefore it requires two skills: 1) identification of the problem, and (2) selection of the appropriate learning technique (Leddick & Bernard, 1980). Supervisees can participate as co-therapists to maximize modeling and increase the proximity of reinforcement. Supervisees also can engage in behavioral rehearsal prior to working with clients.

Carl Rogers (cited in Leddick & Bernard, 1980) outlined a program of graduated experiences for supervision in client-centered therapy. Group therapy and a practicum were the core of these experiences. The most important aspect of supervision was modeling of the necessary and sufficient conditions of empathy, genuineness, and unconditional positive regard.

Systemic therapists (McDaniel, Weber, & McKeever, 1983) argue that supervision should be therapy-based and theoretically consistent. Therefore, if counseling is structural, supervision should provide clear boundaries between supervisor and therapist. Strategic supervisors could first manipulate supervisees to change their behavior, then once behavior is altered, initiate discussions aimed at supervisee insight.

Bernard and Goodyear (1992) summarized advantages and disadvantages of psychotherapy-based supervision models. When the supervisee and supervisor share the same orientation, modeling is maximized as the supervisor teaches – and theory is more integrated into training. When orientations clash, conflict or parallel process issues may predominate.

Summary

Are the major models of supervision mutually exclusive, or do they share common ground? Models attend systematically to: a safe supervisory relationship, task-directed structure, methods addressing a variety of learning styles, multiple supervisory roles, and communication skills enhancing listening, analyzing, and elaboration. As with any model, your own personal model of supervision will continue to grow, change, and transform as you gain experience and insight.

References

Association for Counselor Education and Supervision (1990). Standards for counseling supervisors. *Journal of Counseling and Development, 69,* 30-32.

Bernard, J. M., Goodyear, R. K. (1992). *Fundamentals of clinical supervision.* Boston, MA: Allyn & Bacon.

Borders, L. D., Bernard, J. M., Dye, H. A., Fong, M. L., Henderson, P., & Nance, D. W. (1991). Curriculum guide for training counselor supervisors: Rationale, development, and implementation. *Counselor Education and Supervision, 31,* 58-80.

Goodyear, R. K. (1982). *Psychotherapy supervision by major theorists* [videotape series]. Manhattan, KS: Instructional Media Center

Leddick, G. R. & Bernard, J. M. (1980). The history of supervision: A critical review. *Counselor Education and Supervision, 27,* 186-196.

McDaniel, S., Weber, T. , & McKeever, J. (1983). Multiple theoretical approaches to supervision: Choices in family therapy training. *Family Process, 22,* 491-500.

Stoltenberg, C. D., & Delworth, U. (1987) *Supervising counselors and therapists.* San Francisco, CA: Jossey-Bass.

Worthington, E. L. (1987). Changes in supervision as counselors and supervisors gain experience: A review. *Professional Psychology, 18,* 189-208.

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